

# PLUMBING PERMIT APPLICATION

CA BC-6

MUNICIPALITY \_\_\_\_\_ NUMERICAL CODE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
APPLICATION DATE \_\_\_\_\_ CENSUS TRACT \_\_\_\_\_ FEE RECEIVED: \$ \_\_\_\_\_ BY \_\_\_\_\_

1. STREET LOCATION \_\_\_\_\_ 2. New or Old Bldg. No. of Stories \_\_\_\_\_  
3. PLAT/MAP \_\_\_\_\_ 4. LOT/BLOCK \_\_\_\_\_ 5. FILE/PARCEL \_\_\_\_\_ 6. PRIVATE SEWAGE: ISDS NO. \_\_\_\_\_ DATE \_\_\_\_\_  
7. USE OF STRUCTURE: PREVIOUS \_\_\_\_\_ PROPOSED \_\_\_\_\_  
8. OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
9. MASTER PLUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
10. ARCH. OR ENG. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
11. STAMPED PRINTED (Circle one) YES NO 12. RHODE ISLAND REG. NO. \_\_\_\_\_ 13. MASTER PLUMBER LIC. NO. \_\_\_\_\_  
14. DESCRIPTION OF WORK TO BE PERFORMED \_\_\_\_\_  
15. ESTIMATED COST: \$ \_\_\_\_\_

## MUNICIPAL PLUMBING PERMIT FEE:

CE/ADA FEE: \_\_\_\_\_ x .001 = \_\_\_\_\_

ESTIMATED COST x .001 = \_\_\_\_\_

( 1 & 2 FAMILY DWELLING LIMITED  
TO CE & ADA FEE OF \$50.00 )

TOTAL PERMIT FEE = \$ \_\_\_\_\_

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of the State and this jurisdiction.

## MASTER PLUMBER'S SIGNATURE

|                | WATER CLOSET | SINKS | LAV. SINKS | BATH TUB | SHOWER STALL | HOT WATER HEATER | TEMP. PRESS. VALVE | VAC. BREAKER | WASH TUB | SLOP SINK | URINAL | FLOOR DRAIN | DISH WASHER | DRINKING FOUNT. | AUTO. WASHER | STACKS | HOSE BIBBS | ANTI-SIPHON DEVICES | INDIRECT WASTES | BACKFLOW PREVENTERS | PRESSURE BOILER | YARD OR AREA DRAINS | CONNECT TO SEWER | OTHER |
|----------------|--------------|-------|------------|----------|--------------|------------------|--------------------|--------------|----------|-----------|--------|-------------|-------------|-----------------|--------------|--------|------------|---------------------|-----------------|---------------------|-----------------|---------------------|------------------|-------|
| BASEMENT       |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| 1ST STORY      |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| 2ND STORY      |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| 3RD STORY      |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| 4TH STORY      |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| 5TH STORY      |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| 6TH STORY      |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| 7TH STORY      |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| 8TH STORY      |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| 9TH STORY      |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| 10TH STORY     |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| TOTALS         |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| TRAP TYPE      |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| PIPE MAT'L     |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |
| VENTED TO ROOF |              |       |            |          |              |                  |                    |              |          |           |        |             |             |                 |              |        |            |                     |                 |                     |                 |                     |                  |       |

DO NOT WRITE BELOW THIS LINE

PLUMBING PERMIT

## Inspections:

Rough \_\_\_\_\_

PERMIT GRANTED:

FINAL \_\_\_\_\_

DATE \_\_\_\_\_

Disapproved\* \_\_\_\_\_

BY \_\_\_\_\_

PLUMBING INSPECTOR

\*For the following reasons: \_\_\_\_\_

## CERTIFICATE OF INSPECTION

To the Gas Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

DATE \_\_\_\_\_

PLUMBING INSPECTOR

12092 /0